



UNIVERSITÄTSGESELLSCHAFT OLDENBURG

## Application form for the Wolfgang-Schulenberg-Programme

Name:.....

Street:..... Postcode: .....place:.....

E-Mail: ..... Telephone: .....

Date of birth: ..... sex: female  male

Matriculation number.: ..... Number of semester of doctorate .....

Already received funding: - Congress-Scholarship UGO yes  no  if yes: when.....

- Wolfgang Schulenberg Programme yes  no  if yes: when.....

- Other: yes  no  if yes: what, when.....

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Faculty: ..... supervisor: .....

Degree: Diploma:  Bachelor:  Master:  Doctorate:

Name of conference: .....

Homepage of conference:.....

City/Country:..... from..... until: .....

Conference fee (foreign currency **and** Euro):.....

Topic of poster or discourse:.....

Author/s (in order as handed in):  
.....

For the conference financial support is granted otherwise yes  no  if yes: where.....

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Bank:.....

IBAN:.....BIC: .....

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Herewith I affirm that I will not receive any further grants from a third party for this travel.

Place, Date:..... Signature:.....

Attachments:

Outline of discourse or poster

Confirmation of acceptance of discourse